Hyde County Board of Commissioners AGENDA ITEM SUMMARY SHEET

| Meeting Date: Presenter: Attachment: | March 6, 2017 County Manager Bill Rich Yes |
|--------------------------------------|---|
| ITEM TITLE: | 2017 VOLUNTEER FIRE FUND APPLICATION-REVISION FOR OCRACOKE FIRE PROTECTION ASSOCIATION, INC. |
| SUMMARY: | The Ocracoke Volunteer Fire Department has submitted a revision on their request for equipment for the 2017 Volunteer Fire Fund application. The previous request totaled \$25,864.12 for equipment. Total grant funding totaled \$19,398.09, with a county match of \$6,466,03. The new request totals \$28,531.57 for equipment, with grant funding totaling \$21,398.68 and county match of \$7,132.89. This is an increase of \$666,86 on the county match. |
| RECOMMEND: | APPROVE |
| | |
| | |
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| | |
| | |
| | |

| Motion Made By: Earl Pugh, Jr. | Motion Seconded By: Earl Pugh, Jr. | Vote: | Earl Pugh, Jr. |
|--------------------------------|------------------------------------|-------|----------------|
| Barry Swindell | Barry Swindell | | Barry Swindell |
| Dick Tunnell | Dick Tunnell | | Dick Tunnell |
| Ben Simmons | Ben Simmons | | Ben Simmons |
| Tom Pahl | Tom Pahl | | Tom Pahl |

| Category | Equipment | Count | Item Cost | Total |
|---|---|-------|-----------|----------|
| Communications | Battery - Replacement (No Disposables) | 2 | 115.00 | 230.00 |
| Communications | Battery - Replacement (No Disposables) | 10 | 10.00 | 100.00 |
| Electrical Equipment | Junction Box | 2 | 433.34 | 866.68 |
| Extrication, Stabilization, Forcible Entry | Hydraulic Ram Attachments | 1 | 225.44 | 225.44 |
| Facilities | Building - Security System | 1 | 533.68 | 533.68 |
| Hose, Streams, Appliances | Cap - Intake/Discharge/Hydrant | 4 | 43.94 | 175.76 |
| Hose, Streams, Appliances | Cap - Intake/Discharge/Hydrant | 4 | 37.34 | 149.36 |
| Hose, Streams, Appliances | Drop Tank | 1 | 1,974.44 | 1,974.44 |
| Hose, Streams, Appliances | Hose Handler w/dewatering bar | 2 | 189.14 | 378.28 |
| Hose, Streams, Appliances | Hose Roller | 1 | 402.80 | 402.80 |
| Hose, Streams, Appliances | Hose Tester | 1 | 2,690.55 | 2,690.55 |
| Hose, Streams, Appliances | Nozzle, Turbojet | 2 | 632.45 | 1,264.90 |
| Hose, Streams, Appliances | Strainer, Barrel | 1 | 141.84 | 141.84 |
| Personal Protective | Coveralls, flame resistant 6.0-7.0 Nomex | 1 | 385.00 | 385.00 |
| Personal Protective | Turnout Gear, Boots | 5 | 268.40 | 1,342.00 |
| Personal Protective | Turnout Gear, Coats | 5 | 1,290.49 | 6,452.45 |
| Personal Protective | Turnout Gear, Helmets | 3 | 190.24 | 570.72 |
| Personal Protective | Turnout Gear, Pants | 5 | 756.58 | 3,782.90 |
| Rope & Accessories | Ladder Safety Belt | 1 | 255.14 | 255.14 |
| Vehicle Accessories | Mansaver Apparatus Bars | 2 | 403.64 | 807.28 |
| Vehicle Accessories | Vehicle Mounted Generator | 1 | 2,640.00 | 2,640.00 |
| Vehicle Accessories | Wheel Chocks and/or Holders | 2 | 247.45 | 494.90 |
| ្រាប់ស្ត្រី រស់នៃ ទូវទេស ពីរដ្ឋភូមិពេទ្ធ | J. N. W. Maria | 3. | 独工被 | 974 d |
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| 19. 5 (#65.1) 27#17 47 (525.5) | ત _{ા,} સંક _{્ર} ુવરાજુર | 7 | TEM | |

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Grant Funds

Ocracoke Fire Protection Association, Inc. - Hyde

Based on currently provided information, the equipment you requested has a total cost of \$25,864.12.

Based on the provided information you may qualify for a 3:1 matching grant.

If the grant is awarded, the grant will fund \$19,398.09 and your department will be responsible for providing \$6,466.03 in matching funds.

Note - The above grant funds information is based on current grant application's financial and equipment sections.

Revised Request

Grant Funds

Ocracoke Fire Protection Association, Inc. - Hyde

Based on currently provided information, the equipment you requested has a total cost of \$28,531.57.

Based on the provided information you may qualify for a 3:1 matching grant.

If the grant is awarded, the grant will fund \$21,398.68 and your department will be responsible for providing \$7,132.89 in matching funds.

Note - The above grant funds information is based on current grant application's financial and equipment sections.



Training & Inspections

Mike Causey | Commissioner of Insurance Brian Taylor | Assistant State Fire Marshal

February 28, 2017

Bill Rich Hyde County Manager Post Office Box 188 Swan Quarter, NC 27885

Dear Bill Rich:

Thank you for the cooperation shown to our Fire Department Rating Inspector on his recent visit to your County. We are proud of the North Carolina Fire Service and feel that the inspections program has helped to make it even better.

Enclosed is a summary sheet which shows the results of the updates that have been made in your County Fire Departments. The fire departments either Did or Did Not meet the minimum requirements for a rated and certified department in North Carolina today.

As the Inspector explained to the Chiefs of the Departments, the departments not meeting the minimum requirements will be given 12 months to meet the minimum requirements. The departments, however, are expected to make an attempt to meet these requirements as soon as they possibly can, depending on the extent of the reasons they did not pass. The Inspector will be committed to assist your departments for the next 12 months as needed to meet these requirements.

The intention of this inspection plan is not to withdraw the fire department rating if the personnel are making a sincere attempt to comply to the requirements. However, if after the 12 months from the date of this letter, the department has failed to comply and no effort has been made to correct the deficiencies, then the district will become a Class 10 or unprotected.

If we can be of assistance to you or your departments, please let me know.

Yours very truly,

Davie Summey

Supervisor of Inspections

DS/sl

Enclosure



| Department Name | Inspection Date | Passed | Inspection Date Passed Failure Category | Failure Reason |
|--|-----------------|--------|---|---|
| Engelhard Volunteer Fire Department, Inc. | 14-Feb-2017 | No | Department | Chief Officer did not complete Chief 101 |
| | | | Department Station at: 34545 US 264Engelhard NC | Low on Personnel No Current Service Test |
| Fairfield Volunteer Fire Department | 14-Feb-2017 | No | Department Department | Chief Officer did not complete Chief 101 No Fire Alarm Reports |
| Ocracoke Fire Protection Association, Inc. | 15-Feb-2017 | Yes | | |
| Ponzer Volunteer Fire & Rescue, Inc. | 13-Feb-2017 | Yes | | |
| Scranton Volunteer Fire Department, Inc. | 13-Feb-2017 | No | Department | Chief Officer did not complete Chief 101 |
| Swan Quarter Volunteer Fire Department, Inc. | 13-Feb-2017 | Yes | | |

Hyde County Board of Commissioners AGENDA ITEM SUMMARY SHEET

| Meeting Date: Presenter: Attachment: | March 6, 2017 Justin Gibbs, ES Director Yes |
|--|---|
| ITEM TITLE: | APPROVAL OF NORTH CAROLINA RURAL FIRE DISTRICT 2016 BOARD OF TRUSTEES REPORT – FAIRFIELD VFD |
| SUMMARY: | Volunteer Fire Department Grants and Relief Funds are managed by NCGS 58-87-1/55. The Firefighter's Relief Fund program is designed to financially assist firefighters in the event of In-Line of Duty injury or death. It may also be used for supplemental retirements, educational benefits and to purchase other insurance/pension plans. |
| RECOMMEND: | Approve. |
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| | |
| | Pugh, Jr. Motion Seconded By: Earl Pugh, Jr. Vote: Earl Pugh, Jr. y Swindell Barry Swindell Barry Swindell |

Ben Simmons

___ Dick Tunnell

Tom Pahl

Ben Simmons

___ Dick Tunnell

Tom Pahl

Dick Tunnell

Ben Simmons

Tom Pahl

NORTH CAROLINA RURAL FIRE DISTRICT 2016 BOARD OF TRUSTEES REPORT

The Firefighter Relief Fund Board of Trustees reports are due by October 31st There is a grace period to January 31st. Reports filed after January 31st, are in non-compliance and the fire department will not be eligible to receive any Firefighters Relief Funds for that year.

As required by General Statute 58-84-46 of North Carolina, I do hereby submit the following Fire Fighter Relief Fund Board of Trustees Report for the fire districts served by Fairfield Volunteer Fire Department (County of Hyde). This includes the following fire districts: Fairfield.

LOCAL FIREFIGHTER'S RELIEF FUND BOARD

Firefighter's Relief Fund Trustees appointed by Fire Department (2)

1. Mr. Eddie Basnight (Member)

275 NC Hwy 94

FAIRFIELD, NC 27826

Phone: (252) 926-2132

Email: tflynn0728@gmail.com

Date (Re)Elected: 01/01/2016

2. Mr. Sam Eburn (Member)

1557 Newlands Road

FAIRFIELD, NC 27826

Phone: (252) 542-0706

Email: tflynn0728@gmail.com Date (Re)Elected: 01/01/2016

Firefighter's Relief Fund Trustees appointed by County Commissioners (2)

3. Mr. Cleve Gibbs (Member)

2069 Newlands Road

FAIRFIELD, NC 27826

Phone: (252) 542-0706

Email: tflynn0728@gmail.com

(Re)Appointed: 01/01/2016

4. Mr. Lindsey Mooney (Member)

1610 Canal St

FAIRFIELD, NC 27826

Phone: (252) 542-0701

Email: tflynn0728@gmail.com

(Re)Appointed: 01/01/2016

Firefighter's Relief Fund Trustees appointed by the Insurance Commissioner (1)

5. Mr. Glenn Mooney (Member)

172 Canal Street

FAIRFIELD, NC 27826 Phone: (252) 926-9851

Email: tflynn0728@gmail.com

Appointed: 01/01/2016

Same as last Year? Yes

If the 5th position has changed, please send in a

copy of former Insurance Commissioner

appointee's letter of resignation or an explanation

as to why this is not available (moved, Death)

AND a copy of Fire Chief's letter of

recommendation for a replacement with all contact

information.

I do hereby certify that the foregoing is a true, full and correct Board of Trustees Report for the Fire Department Relief Fund, made by me as required under General Statute 58-84-46 of North Carolina.

Entry Date:

Hyde County Board of Commissioners AGENDA ITEM SUMMARY SHEET

Meeting Date: March 6, 2017 Presenter: **Daniel Brinn**

Attachment:

Yes

ITEM TITLE:

Secure a loan for 10 years with Tideland EMC in the amount of \$110,000.00 for the purpose of installing 10 fabricated aluminum gates on West Canal, Quarter, Double and Juniper. The loan payment would be made from the West Quarter Assessment funds collected yearly.

SUMMARY: The Swan Quarter Steering Committee met on Friday, February 17, 2017 for the purpose of discussing the need for replacement of tidegates throughout West Quarter Dike. J.W. Spencer made a motion to move forward with securing the loan from Tideland EMC to purchase 10 fabricated aluminum gates to be installed as follows: 5 gates at West Canal, 1 gate at Quarter Canal, 3 gates at Double Canal and 1 gate at Juniper. The motion was seconded by C.W. Cahoon and the motion carried. The loan with Tideland EMC has 0% interest with a maximum 10 year term. The loan funds will be disbursed through 4 smaller increments for a total of \$110,000.00. There would need to be a representative from the County and or the Steering Committee to secure the loan. It was the consensus of the committee that Daniel would present the recommendation of the Steering Committee to the Commissioners at their next scheduled meeting in March.

RECOMMEND:

Swan Quarter Steering Committee recommends that the Hyde Board of Commissioners approve moving forward in securing a loan from Tideland EMC in the amount of \$110,000.00 for the purpose of replacing leaking and not functioning properly tidegates. This will involve replacing 10 gates throughout West Quarter.

Daniel Brinn

From:

Doug Cahoon <dougcahoon@hotmail.com>

Sent:

Thursday, January 19, 2017 4:39 PM

To:

Daniel Brinn

Subject:

60" X 48" opening aluminum flapgate

\$ 10,291 including delivery and sales tax.

Thank you, Doug

Hyde County Board of Commissioners AGENDA ITEM SUMMARY SHEET

Meeting Date:

March 6, 2017

Presenter:

Kris Cahoon Noble

Attachment:

Yes

ITEM TITLE:

REVOLVING LOAN REQUEST FOR DEVIL SHOAL OYSTER & CLAM

COMPANY

SUMMARY:

Devil Shoal Oyster and Clam Company are requesting a \$15,000.00 loan from the Hyde County Golden Leaf Revolving Loan Fund for the purpose of expanding their existing oyster farming operation. They plan to hire one Hyde County resident as a result of the expansion. The company has done very well in its first year of operation. They have survived several storms over the past year. They are approaching 1,000,000 oysters for cultivation. They are supplying fresh oysters to a few of the best restaurants on Ocracoke and the native seafood retail market. They invested in a refrigerated truck to make deliveries to several mainland counties in eastern North Carolina.

The loan will be unsecured. The loan will be amortized over a 7-year period, with interest payable for 24 months. Payments of \$269.53 will be made monthly for the remaining 5-year term. The loan interest rate is 3%. The revolving loan committee reviewed the loan request and has approved unanimously.

RECOMMEND:

APPROVAL

| Motion Made By: Earl Pugh, Jr Barry Swindell | Motion Seconded By: Earl Pugh, Jr Barry Swindell Dick Tunnell | Vote: | Earl Pugh, Jr. Barry Swindell Dick Tunnell |
|--|---|-------|--|
| Dick Tunnell Ben Simmons Tom Pahl | Ben Simmons Tom Pahl | | Ben Simmons Tom Pahl |

ARLEEN BURLEY DEVIL SHOAL OYSTER & CLAM CO. P.O. BOX 405 OCRACOKE, NC 27960 (252) 928-6361

November 7, 2016

Rosemary O. Johnson Planning Assistant County of Hyde P.O. Box 188 Swan Quarter, NC 27885

Dear Rosemary,

You may recall that Heather O'Neal and I received a Golden Leaf loan in October of 2015 in the amount of \$15,000 for our new partnership. At that time, we estimated that the business would create full time income for one employee within five years. The business is rapidly growing and we now estimate that we will provide full time income for no less than two employees within the next couple of years. The gross income from the operation so far this year is \$25,023. This has provided Heather and me with a combined income of \$17,570 to date. We have also paid \$1,508 wages to occasional workers making a total of \$19,078 in earned income so far this year.

*

In order to expand the operation, we are in immediate need of a part time employee (approx. 20 hours/week) which will most likely increase to full time next year. At this time we are seeking funding for hiring one employee.

I respectfully request that, if possible, Hyde County increase the amount of our loan to include an additional \$15,000 funding needed during the expansion of our operation to be used to employ one person.

Thank you,

Arleen Burley

HYDE COUNTY NORTH CAROLINA

ECONOMIC DEVELOPMENT REVOLVING LOAN FUND

DEVIL SHOAL OYSTER & CLAM CO. P.O. BOX 405 OCRACOKE, NC 27960

HYDE COUNTY ECONOMIC DEVELOPMENT REVOLVING LOAN FUND APPLICATION SUMMARY

| APPLICANT a. Name: Devil Shoal Oyste | r & Clam Co. | |
|---|-----------------------------|--|
| b. Street/P.O. Box: P.O. Box | x 405 | |
| c. City: Ocracoke | | |
| d. Zip Code: 27960 | | |
| e. Contact Person: Arleen Br | urley | |
| f. Telephone No.: (252) 928 | -6361 | |
| 2. Project Number | 3. Project Name | 4. RLF Funds Requested |
| 5. CERTIFICATION | Oyster Farm Expansion | |
| a. To the best of my knowledge and belief, data in this application is true and correct, the applicant will comply with the certifications in the attached Private Commitment Form if the assistance is provided. | | Authorized Representative Arleen Burley Partner c. Signature Management of the state of the s |
| FOR HYDE COUNTY US | E ONLY | |
| 6. Date Received | 8. Action Taken | |
| 7. Application Number | Funded Not Funded Withdrawn | |
| Devil Shoal Oyster & Clam Co | | |

Devil Shoal Oyster & Clam Co. Today's Date 1/9/2017 Page 2

TABLE OF CONTENTS

Listed below are the required contents of an application. Applications should be organized in this format. Applicants should number all pages in the application. Two completed copies of the application should be submitted directly to the Hyde County Revolving Loan Fund Administrator, Hyde County Courthouse, Swan Quarter, NC.

Application Contents

Table of Contents
Application Summary Form
Project Description Form
Project Source and Use Form
Project Private Commitment Form
Project Needs Form
Project Feasibility Form
Activities Schedule Form
Maps

Attachments

- A. Verification of Project Costs/Cost Breakdown by Activity
- B. Firm Financial Commitments
- C. Historical Financial Statements (Business)
- D. Credit Reports
- E. Building Plans
- F. Projected Financial Statements
- G. Business Debt Schedule Forms
- H. Personal Financial Statements
- I. Appraisals of Real Property/Security
- J. Marketing Information/Business Plan Documentation

Only information received by Hyde County with the submission will be considered in the selection process, unless the county specifically requests additional information from the applicant. Failure to submit required information may be grounds for rejection of the application. Applicants should carefully review each project package, including attachments, to make certain that all required information is submitted and is internally consistent.

Devil Shoal Oyster & Clam Co. Today's Date: 12/9/2016

PROJECT DESCRIPTION FORM

1. Name of Applicant: Devil Shoal Oyster & Clam Co.

2. Application Date: 12/9/2016

3. Project Name: Oyster Farm Expansion

4. Description: Aquaculture/Oysters & Clams

a. Briefly describe the existing business (products/services offered, basic project goals and objectives):

Traditionally oysters in Eastern North Carolina have been scraped or tonged of the bottom of a body of water from oyster beds. Due to over-harvesting, declining water quality and disease, many of the natural populations have been destroyed making oyster farming an alternative to our traditional harvest methods.

Devil Shoal Oyster and Clam Co., a partnership established in 2015, developed the first oyster farm on the back side of Ocracoke using a method that is new to Ocracoke. Using this method, spat are put in floating bags. We had a successful first harvest, marketing over 70,000 oysters in 2016. We have expanded the water column to include an additional acre. We hope to increase our production each year.

Devil Shoal oysters are grown from seed (1/8") to market-size (3" plus) in the floating bags in the water. This method allows us to produce a healthy, clean oyster that is easily marketed to restaurants and markets.

b. Proposed location of existing business (include location map(s)).

Arleen Burley, a partner, currently has a 5 acre bottom lease on the back side of Ocracoke Island in the Pamlico Sound. Of this current 5 acre bottom lease, a one acre water column (Lot #1) was acquired in 2015 where the oyster farm is now located. An additional one acre water column (Lot #2) is being added to expand the operation.

See Maps.

c. Number, size, and general description of any new buildings to be constructed (include site map and plans, if available):

No new buildings will be constructed during this phase of the project.

d. Size of any parcel(s) of land to be acquired (include survey map)

Devil Shoal Oyster & Clam Co. currently operates a five acre bottom lease which contains a one acre water column amendment (Lot #1) owned by Arleen Burley. An additional 1 acre water column amendment (Lot #2) is being developed. See Maps.

e. Describe any existing buildings to be demolished or abandoned: N/A

Devil Shoal Oyster & Clam Co.

Page 3

| f. Describe any improvements to be made to existing buildings(s): N/A |
|---|
| g. How many full-time equivalent jobs will be created by the expanded business during the two-year period?1 |
| How many full-time equivalent jobs will be retained by the expanded business during the two year period?1 |
| How many jobs will be retained for residents of Hyde County? |
| It is often times difficult to equate traditional jobs in Hyde County such as fishing and farming to full-time equivalent jobs traditionally accepted and accounted for in other more urban areas. Farmers and fishermen work by the season and by the weather. Some weeks bring healthy pay checks that sustain fishermen and farmers through the often long periods without revenues. |
| This project currently employs Arleen Burley for the full-time equivalent of 1 job. However, continued success of Puddle Duck's Seafood, an existing business operated by Heather O'Neal, requires this expansion to ensure that Puddle Duck's has the supply needed to maintain current business operations. In addition, the O'Neal's have five minor children that work on a part time basis on the oyster farm. As the farm grows, the oysters grow and the children and their experiences grow, the long range plan is employ the children and grow the workforce of the business. |
| h. Briefly describe how RLF and other funds (band loans, owner equity, etc.) will be used during property acquisition, construction, and/or expansion of the existing business. |
| Assets to date by Devil Shoal Oyster & Clam Co. include: - 160,000 oyster spat at a cost of \$3,200 - Gear/Equipment at a cost of \$18,894 - Working capital \$2,164 |
| — Revolving Loan Funds to include: - Gear/Equipment at a cost of \$15,000 |
| i. How are road transportation and water and electric service to be supplied to the site? N/A |

How will sewage disposal be accomplished $\ensuremath{N\!/\!A}$

PROJECT SOURCE AND USE FORM

| 1. Name of Applicant: Devil Shoal Oyster & Clam Co. | | | | | | | |
|---|-------------|------------|-------------|---|----------|--------|-------------|
| 2. Project Name: Oyster Farm Expansion | | | | | | | |
| 3. Source of Project Funds: | | | | | | | |
| A. RLF Funds Requested: \$15,000.00 | | | | | | | |
| RLF Project Resources | | Source | ce A. \$14 | 5,000.00 | | | |
| Other: | | | ¥ <u>z.</u> | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| B. Investment by Devil Shoal | | Sour | ce B. \$13 | 3,464.00 | | | |
| C. Investment by Arlene Burley | | Source | | 1,700.00 | | | |
| D. Investment by Heather O'Neal | | Sourc | ce D. \$ | 1,500.00 | | | |
| <u>, </u> | | | | | | | |
| 4. TOTAL PROJECT RESOURCES: \$31,664.00 | | | | | | | |
| | | | | | | | |
| Use of Funds | Source A | Source B | Source C | Source D | Source E | Source | Total |
| (List major expenses separately) a. Acquisition | | | | | | F | Cost |
| (1) Water Column | | | \$200.00 | | | - | 400000 |
| Lease | | | \$20000 | | | | \$200.00 |
| (2) | | | - | | | | |
| b. Water | | | - | | | - | |
| c. Sewer | | | | | | | |
| d. Construction/ | | | | | | | |
| Rehabilitation | | | | | | | |
| e. Working Capital | | \$2,164.00 | | | | | \$2,164.00 |
| (1) Boat Trips | | ψ2,101.00 | \$1,500.00 | \$1,500.00 | | - | \$3,000.00 |
| (2) Insurance | | \$500.00 | ψ1,500.00 | ψ1,500.00 | <u> </u> | - | \$5,000.00 |
| (3) | | 4200.00 | | | | | \$500.00 |
| f. Machinery/ | | | | | | 1 | |
| Equipment | | | | | | | |
| (1)Seed Oyster | | \$6,000.00 | | | | | \$6,000.00 |
| (2)Gear Equipment | \$15,000.00 | \$4,800.00 | | | | | \$19,800.00 |
| (3) Other | | , | | | | | Ψ12,000.00 |
| (4) Other | | | | | | | |
| g. Site Improvements | | | | | | | |
| h. (1) Other | | | | | | | |
| (2) Other | | | | | | | |

Devil Shoal Oyster And Clam Co. Today's Date: 1/9/17 Page No.5

\$15,000.00

\$13,464.00

\$1,700.00

\$1,500.00

\$31,664.00

i. TOTAL

DEVIL SHOAL OYSTER & CLAM CO. P.O. Box 405 Ocracoke, N.C. 27960 (252) 928-6361

January 9, 2017

Hyde County Board of Commission c/o Bill Rich, County Manager County of Hyde P.O. Bos188 Hyde County, NC 27885

LETTER OF TRANSMITTAL

Arleen Burley and Heather O'Neal, equal partners in Devil Shoal Oyster & Clam Co., hereby affirm that the attached Private Commitment Form represents the firm's commitment in full.

| Signed arthruly | Date 1/9/17 Title Partner |
|------------------------------|---------------------------|
| Name of Business Devil Sheal | Oyster + Clam G. |
| | Date 1/9/17 Title Partner |
| Name of Business Devil Shoel | Oyster + Clan Co. |

PROJECT PRIVATE COMMITMENT FORM

As equal partners in Devil Shoal Oyster & Clam Co., we commit to the following actions, as described more fully in the project application:

- a. Undertake and carry out the project as described in the project application.
- b. Create a minimum of 1 jobs 1 for persons residing in Hyde County, and obtain the level of jobs indicated above by January 1, 2019.
- c. Provide certified payroll report prior to initial disbursement of funds and provide quarterly reports thereafter showing job creation numbers.
- d. Secure funding for the project from the following sources, in the specified amounts:
 - 1. \$15,000 Golden Leaf Revolving Loan Fund
 - 2. \$13,464 Devil Shoal Oyster & Clam Co.
 - 3. \$1,700 Burley
 - 4. \$ 1,500 O'Neal
- e. Provide Hyde County with quarterly income statements and balance sheets throughout a two-year period following the loan award.
- f. Begin project activities only following execution of a legally binding commitment and loan agreement and the release of other conditions, if any, placed on the loan by Hyde County.
- g. Complete project activities by no later than January 1, 2019.

My firm is committed to undertake this project and but for the provision of the RLF assistance this project will not be undertaken.

| Signed Mlenkmly | Date 1/9/17 Title Pourtner |
|----------------------------------|----------------------------|
| Name of Business: Devil Sh | oal Oyster + Claim Co. |
| Signed Huckey | Date 1/9/17 Title Partner |
| Name of Business <u>Pevil 81</u> | roal Oyster + Clam Co. |
| | L |

PROJECT NEEDS FORM

- 1. Name of Applicant: Devil Shoals Oyster & Clam Co.
- 2. Project Name: Water Column Expansion
- 3. Relationship between Project Activities and Job Claim:

This business currently employs Arleen Burley for the full-time equivalent of 1 job. Increased production by the proposed expansion will require 1 additional full time employee and a minimum of 1,200 additional floating oyster bags and 10 oyster grows. The O'Neals have 5 minor children that work on a part time basis on the oyster farm. The long range plan is to employ the children and grow the workforce of the business.

4.Total Documented Project Financing Needs: Check applicable activities and in attachments provide required cost breakdowns shown (Attachment "A"). Describe here sources and methods of estimating for each activity including those financed with non-RLF funds.

- Real Estate (land or existing buildings) None
- Construction/Rehabilitation None
- Site Improvements Attach listing of components (grading, drainage, paving, etc.) with engineer's estimates or quotes from contractor. *None*
- Machinery and Equipment Attach detailed listing of items, with price quotes from suppliers. - \$19,800
- Public or On-Site Water and Sewer None
- Working Capital Expenditures Attach detailed listing of startup/operating costs.
 WorkintyCapital Expenditures include \$500 yearly for insurance. Also included are 30 boat trips by each partner at an estimated cost of \$50 per trip for a yearly expense of \$3,000

| <u>5.</u> | Verifica | tion of RLF Need |
|-----------|----------|--|
| | (a) | Loan Amount: \$15,000 |
| | (b) | The Gap Addressed: |
| | | X_Sufficient funds not available elsewhere, including internallyFunds available elsewhere, but cash flow is not sufficient to meet debt serviceOther (Describe): |
| 6 | Security | |

o. becarry.

The loan will be secured by a first lien on equipment and crop.

Devil Shoal Oyster & Clam Co. Today's Date: 1/9/2017

From:

Sent:

Subject: ö

Allen Helms <allen.helms@yadkinbank.com>

Thursday, January 12, 2017 9:17 PM

Judith Garrish

*** Loan: "Devil Shoal Oyster & Clam Co" has been submitted for Declination ***



Hello Yadkin Bank Team Member,

reasons are: Declined and now requires 2nd Level Review. Initial Loan "Devil Shoal Oyster & Clam Co" was potentially

- Income insufficient for amount of credit requested
- 2) Lack of established earnings record
 3) Value or type of collateral not sufficient

Review and Approve this Adverse Action. If you agree with this decision, please complete 2nd Level

Should you disagree, please provide feedback in the Comments sections and Reject this request

https://yadkinbank.my.salesforce.com/a0i1600000ZAbIY You can access the Loan details here

https://yadkinbank.my.salesforce.com/a081600001TA0XT You can access the Adverse Action details here.

PROJECT FEASIBILITY FORM

- 1. Name of applicant: Devil Shoal Oyster & Clam Co.
- 2. Project Name: Water Column Expansion

A. BUSINESS PLAN

1. Name of Existing Business: Devil Shoal Oyster & Clam Co.

Name of Proposed Business: Devil Shoal Oyster & Clam Co.

- 2. Legal Status:
 - X Partnership
 - ____Proprietorship
 - ___Cooperative
 - ____Corporation
 - ___Other: (Specify): LLC
- 3. Business Ownership and Management (partners from the below companies):
- 4. Other Business Affiliations of Proposed Owners (if any):

Name of Business: Clamlady Jane

Name of Owner or Manager Involved: Arleen Burley

Position in this Business: Sole Proprietor

Relationship Between this Business and RLF Project Business: Independent

Name of Business: Puddle Duck's Seafood

Name of Owner or Manager Involved: Heather O'Neal

Position in this Business: Sole Proprietor

Relationship Between this Business and RLF Project Business: Independent

- 5. Product Line or Service
 - a. Devil Shoals Oyster & Clam Co. produces single oysters for the half shell market.

6. Market Information

- a. Geographic Market Area: Ocracoke Island and South Outer Banks
- b. Major Customers: Ocracoke Island Restaurants and Hatteras Island Restaurants
- c. Market Characteristics: Unlike wild caught oysters there is no seasonality of harvest and supply will be available during peak summer tourist seasons.
- d. Competition: No competitors within the geographic market area.
- 7. Marketing and Distribution: Demand for oysters at local restaurants far exceeds supply. With increased production, we will expand our marketing to include more of coastal North Carolina.
- 8. Cost Effectiveness: After initial investment for additional equipment the cost of spat to oyster is high. The 90% maturity rate of spat to marketable oyster contributes to this factor.
- 9. Project Innovation/New Technology: The marriage of aquaculture/mariculture with the local fresh brandis truly innovative with no one in the area taking advantage. New science and new technology are combined with a traditional industry.
- 10. Employee Benefits: Partners will not provide traditional benefits in the first few years of operation, however, the business represents an opportunity to grow and add additional partners internally as resources grow.

Devil Shoal Oyster & Clam Co. Today's Date: 12/9/2016

FINANCIAL FEASIBILITY

- 1. Financial Feasibility Documentation All items below <u>must</u> be submitted with the application. All historical and projected financial statements should be prepared by a certified public accountant, or a county-approved business advisor, in accordance with generally accepted accounting principles.
 - X Historical Income Statement and balance sheets for most recent three years, with notes, for any existing businesses owned or operated by the new entity's principals. See Attachment C Historical Financial Statements (Business)
 - X Conventional and Requested Projected Income Statement Forms, with notes. Two full years from first RLF principal payment should be provided. See Attachment F-Projected Financial Statement/Projected Income Statement
 - X Conventional and Requested Projected Cash Flow Statement Forms, with notes. Two full years from first RLF principal payment should be provided. See Attachment F- Projected Financial Statement/Projected Income Statement
 - X Resumes of key management, providing a detailed description of their business experience and training. See Attachment B Firm Financial Commitments
 - X Personal financial statements from the firm's principals (or Form 1040's for past three years with statement of net worth).
 - X Marketing information and other documentation to support financial projections. See Attachment J Marketing Information/Business Plan Documentation.
 - X Credit Report(s) from the firm's principals (no older than 30 days). See Schedule D Credit Reports.
- 2. <u>Past Financial History</u> If applicable, discuss any negative indicators or trends which may be evidenced in the historical financial statements of the principals or for other businesses owned by the principals. Explain the reasons for these negative indicators and discuss steps which are being taken or will be taken to resolve any problems.
- 3. <u>Summary of Financial Projections and Definition of Requested Loan Terms</u>:

A summary of financial projections are noted on the projections.

The borrows are requesting \$15,000 on a 5 year tearm. The borrowers are requesting interest only payments for the first year at 3% and a principal and interest at a rate of 3% for the remainder of the term.

Devil Shoal Oyster & Clam Co. Today's Date: 1//9/17

C. EMPLOYMENT FEASIBILITY

| 1. | Full-time 1 | |
|----|--|--|
| 2. | Total number of jobs to be retained: Full-time1 | |

3. Explain the method used to arrive at the number of jobs to be created.

PROJECT FEASIBILITY FORM

| a. Job Title/ | b. Hourly | | | | | - | | · | |
|----------------|-----------|-------|-------|---------|---------|----------|---------|-----------|----|
| Classification | Wage | e. Em | ploym | ent Sch | edule : | for All. | Jobs (B | y Quartei | •) |
| | | FT | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 |
| Partner | \$11.00 | | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Partner | \$11.00 | | 0 | 0 | 1 | 1 | 1 | 1 | 1 |
| Deck Hand | \$11.00 | | 0 | 0 | 0 | 1 | 1 | 1 | 1 |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | 1 | 1 | 2 | 3 | 3 | 3 | 3 |
| TOTALS | | | | | | | | | 1 |

Legend: FT - Full Time

Expansion of Existing Business Today's Date: 1/9/2017

ECONOMIC DEVELOPMENT REVOLVING LOAN FUND ACTIVITIES IMPLEMENTATION SCHEDULE FORM

Name of Applicant: <u>Devil Shoal Oyster & Clam Co.</u>
 Original, dated: <u>January 9, 2017</u>

Amendment, date: N/A

3. Project Name: Oyster Farm Expansion 4. Implementation Date: February 9, 2017

| | M | MONTH. | ř | | | | | | | | | | | | | | | | | | |
|---------------------------------|---|---------|---|---|---|---|---|---|----|---|----------|----------|---|-------------|----|-------|----|----|----|----|--|
| 5. ACTIVITIES | - | 2 3 | | 4 | v | 9 | 7 | 0 | 10 | = | 12 | 11 17 13 | | 11 15 16 17 | 16 | * | 10 | 10 | c | 5 | |
| Real Estate Closing | | | 7 | 7 | | - | | | 2 | | 77 | CT | | CT | 77 | /1 | 10 | 17 | 07 | 17 | |
| Engineering Design/ Planning | | | | | | | | | | | | | | | | | | | | | |
| Site Improvements | | | | | | | | | | | | | | | | | | | | | |
| Building Construction/ | | | | | | | | | | | | | | | | | | | | | |
| Nellovation | | | | | | | | | | | | | | | | | | | | | |
| Public Facilities | | | | | | | | | | | | | | | | | | | | | |
| Construction | | | | | | | | | | | | | | | | | | | | | |
| Hiring New Employees | | | | | | | | | | | × | X | × | X X X X X X | X | × | × | × | × | × | |
| Training | | | | | | | | | | | | | | | | | | | | 1 | |
| Working Capital | × | X X X X | × | | × | X | X | X | × | × | XXXXXXXX | X | × | 1 | × | X X X | × | × | × | × | |
| nd Equipment | × | XXXXXXX | × | × | × | × | X | × | | × | X X X | × | × | × | × | × | × | × | × | × | |
| Raw Materials Purchased | | | | | | × | | X | | | | | × | | | | × | | | | |
| Other (Specify) | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |

BUSINESS DEBT SCHEDULE FORM

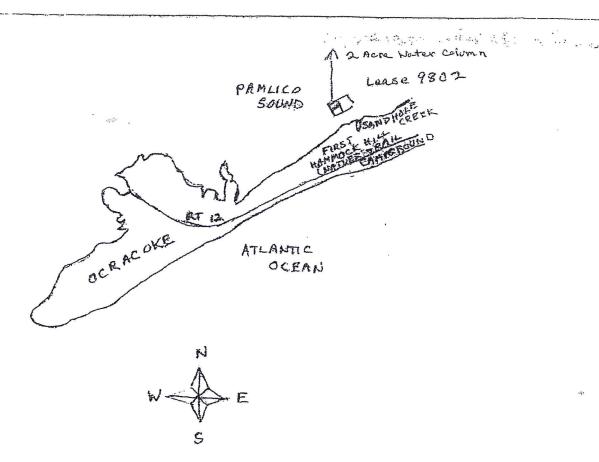
| | | 200 | 2 | | LOIM | | |
|--|----------------------------|---------------------|---|------------------|------------------|--------------------|----------------|
| CREDITOR NAME A. Current Debts (Existing Prior to RLF Project) | Original Loan Amount | Origination Date | Present Balance | Interest Rate | Maturity Date | Monthly Payment | Security |
| 1. Revolving Loan | \$15,000 | 11/1/2015 | \$14,400 | 3.0% | 01/10/25 | \$158.65 | LEASE |
| 2. | | | | | | | |
| ٠°. | | | | | | | |
| 4. | | | | | | | |
| v. | | | | | | | |
| B. Projected New Debt | ew Debt | | | | | | |
| 1. Revolving Loan | \$15,000 | 2/9/2017 | \$15,000 | 3.0% | 01/01/27 | \$158.65 | Gear/Machinery |
| 2 | | | | | | | |
| 8 | | | | | | | |
| 4 | | | | | | | |
| | | | | | | | |

Devil Shoal Oyster & Clam Co. Today's Date: 1/9/2017 Page No: 14

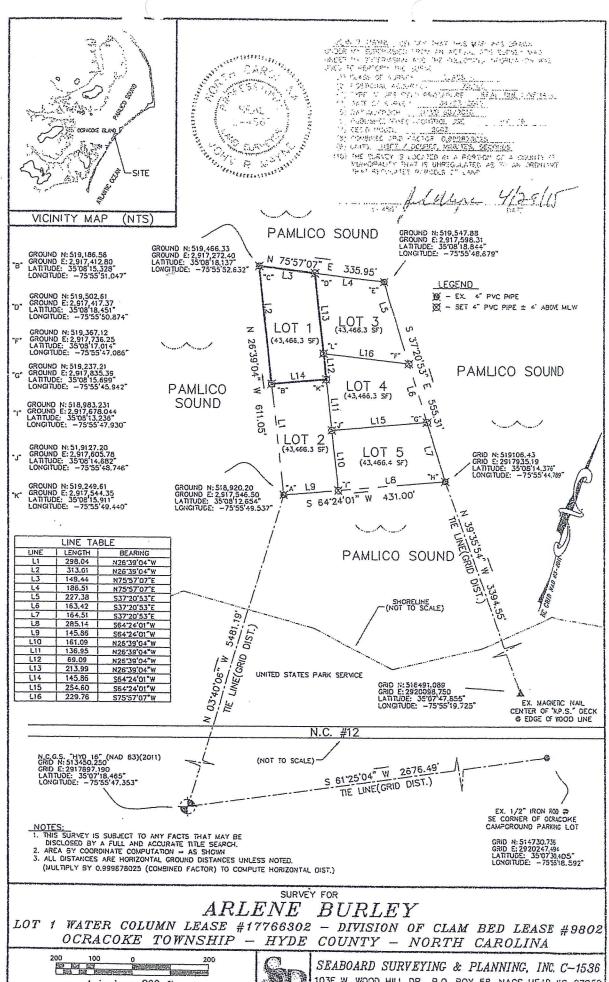
MAPS

ACTIVITIES MAP – This map must include the location of all activities and an accurate scale. All structures located on the business site should also be clearly marked. All industries and residences benefiting from the activity must be shown on the activities map. This map must be in sufficient detail to allow for an accurate environmental review to satisfy all environmental review requirements. The applicant must insure that this map is consistent with information submitted in the Project Description.

See Attachments (3)



| Applicant | |
|-------------|-------------|
| Prepared by | |
| Revision | Sheet |
| | Prepared by |



1 inch = 200 ft. FILE: 9801040 SURVEYED: 4/23/15 JRM PLATTED: 4/24/15 JRM



103F W. WOOD HILL DR., P.O. BOX 58, NAGS HEAD, NC 27959 OFFICE: (252) 480-9998 FAX: (252) 480-0571

PAMLICO SOUND

CLAM LEASE AREA (4.99 acres) NALPAOR

149.44

PARTING OLIVER COLIVER 121 135.95'

143,466.3 sq. ft.

145.86

N89°28'28"W 431.00'

145.86

N89°28'28"W 431.00'

MAGNETIC 1998

PRELIMINARY PLAT NOT FOR RECORDATION, CONVEYANCES, OR SALES

PAMLICO SOUND

Hyde County Board of Commissioners AGENDA ITEM SUMMARY SHEET

| Meeting Date: Presenter: Attachment: | March 6, 2017 Manager Bill Rich Yes |
|--|---|
| ITEM TITLE: | BUDGET MATTERS |
| SUMMARY: | Departmental budget revisions and amendments will be presented for Board discussion and approval. |
| | Health Department |
| | BR39-17 – Family Planning Contract Physician & Pharmacist BR40-17 – Family Planning Telelanguage BR41-17 – Adult Health-PC Contract Physician & Vacancies BR42-17 – Private Wells Dept. Supplies & Postage BR43-17 – MAP Contract Pharmacy BR44-17 – Home Health Offsite Storage BR45-17 – Child Health Travel BR47-17 – WIC - Postage |
| RECOMMEND: | Discussion and approve budget revisions and amendments. |
| Motion Made By: Earl F | Pugh, Jr. Motion Seconded By: Earl Pugh, Jr. Vote: Earl Pugh, Jr. |
| Barry | y Swindell Barry Swindell Barry Swindell Tunnell Dick Tunnell Dick Tunnell |

Ben Simmons

___ Tom Pahl

Ben Simmons

___ Tom Pahl

Ben Simmons

___ Tom Pahl

| | | | MEETING DATE 3/6/2017 | | |
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| | | * | | "+" EXP BUDGET | "-" EXP BUDGET |
| | | | | "-" REV BUDGET | "+" REV BUDGET |
| (FO USE) BR # OR | | | LINE ITEM ACCOUNT NAME / | | |
| IDT# | DEPARTMENT | ACCOUNT # | EXPLANATION | DEBIT | CREDIT |
| 39-17 | Health - Family | 40 5050 4507 | Out to the Discourse | Φ 250.00 | |
| | Planning | 10-5950.4507 | Contract Pharmacy | \$ 250.00 | |
| | | 10-5950.4500 | Contract Physician | \$ 876.00 | |
| | A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | 10-5950.4506 | Lab Testing | | \$ 1,126.00 |
| | | | | | |
| | | | | \$ 1,126.00 | \$ 1,126.00 |
| | | | | | |
| | | | Transferring funds form Lab Testing line to cover Contract Physician and Contract Pharmacist through the end of fiscal year. Budget is NOT increased. | | |

REQUESTED GUALACTIBLE 3/6/17



| | | | AND DESCRIPTION OF THE PARTY OF |
|----------|------------|-----------------------|--|
| APPROVED | CO MANAGER | CO COMMISSIONER-CHAIR | CLERK TO THE BOARD |

| | | | MEETING DATE 3/6/2017 | | , | | |
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| | | | | "÷" EXI | BUDGET | "," | EXP BUDGET |
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| (FO USE) BR # OR IDT# | DEPARTMENT | ACCOUNT# | LINE ITEM ACCOUNT NAME / EXPLANATION | D | EBIT | | CREDIT |
| 40-17 | Health - Family Planning | 10-5950.4504 | Telelanguage | \$ | 150.00 | | |
| | | 10-5950.7400 | Equipment | | | \$ | 150.00 |
| | | 20. | | \$ | 150.00 | \$ | 150.00 |
| | 1 | | Transferring funds from Equipment line to cover Telelanguage through the end of fiscal year. Budget is NOT increased. | | | | |

REQUESTED GRAHA (YIBBS DATE 3-6-17

ENTERED LEDGER/DATE_____



| APPROVED | CO MANAGER | CO COMMISSIONER-CHAIR | CLERK TO THE BOARD |
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| | | - | MEETING DATE 3/6/2017 | | |
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| (FO USE) BR # OR IDT# | DEPARTMENT | ACCOUNT # | LINE ITEM ACCOUNT NAME / EXPLANATION | DEBIT | CREDIT |
| 41-17 | Health - Adult Health | 10-5900.4501 | Contract Physician | \$ 876.00 | |
| | | 10-5890.4600 | Vaccines | \$ 700.00 | |
| | | 10-5890.4502 | Lab Testing | | \$ 1,576.00 |
| | | | | \$ 1,576.00 | \$ 1,576.00 |
| | | | Transferring funds from Lab Testing line to Contract Physician and Vaccines for coverage through the end of the fiscal year. Budget is NOT increased. | | |

REQUESTED Alana (Libbs DATE 3-6-17

ENTERED LEDGER/DATE_



| APPROVED | CO MANAGER | CO COMMISSIONER-CHAIR | CLERK TO THE BOARD |
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| | 2.5 | | MEETING DATE | | |
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| (FO USE) BR # OR IDT# | DEPARTMENT | ACCOUNT# | LINE ITEM ACCOUNT NAME / EXPLANATION | DEBIT | CREDIT |
| | | ACCCONT# | LA LANATION | | OKLOH |
| 42-17 | Private Water Wells | 10-6190.3300 | Departmental Supplies | \$ 200.00 | |
| | | 10-6190.1200 | Postage | \$ 50.00 | |
| | | 10-6190.2020 | Salary - Part time | | \$ 250.00 |
| | | | | \$ 250.00 | \$ 250.00 |
| | | | | | |
| | | | Transferring funding from Salary Part-time line to cover Departmental Supplies and Postage through the end of the fiscal year. Budget is NOT increased. | | |

REQUESTED GURARAL LIBERT DATE 3-6-17

ENTERED LEDGER/DATE_



| APPROVED | CO MANAGER | CO COMMISSIONER-CHAIR | CLERK TO THE BOAR |
|----------|------------|-----------------------|-------------------|
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| | *************************************** | | MEETING DATE 3/6/2017 | 20 | | |
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| | | | | "-" REV BUDGET | "+" | REV BUDGET |
| (FO USE) BR # OR IDT# | DEPARTMENT | ACCOUNT # | LINE ITEM ACCOUNT NAME / EXPLANATION | DEBIT | | CREDIT |
| 43-17 | Medication Assistance Program | 10-5973.4500 | Contract Pharmacist | \$ 1,630.00 | | |
| | | 10-5973.0200 | Salary | | \$ | 1,300.00 |
| | | 10-5973.0500 | FICA | | \$ | 112.00 |
| | en e | 10-5973.0700 | Retirement | | \$ | 125.00 |
| | | 10-5973.1200 | Postage | | \$ | 93.00 |
| | | | | \$ 1,630.00 | \$ | 1,630.00 |
| | | | Transferring funding from Salary & fringes, plus postage lines to cover Contract Pharmacist through the end of the fiscal year. Budget is NOT increased. | | | |

REQUESTED SURVEY BIBLE DATE 3-6-17



| APPROVED | CO MANAGER | CO COMMISSIONER-CHAIR | CLERK TO THE BOAR |
|----------|------------|-----------------------|-------------------|
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| | | | MEETING DATE 3/6/2017 | | | |
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| (FO USE) | | | 1 | " REV BUDGET | · · • | " REV BUDGET |
| BR # OR IDT# | DEPARTMENT | ACCOUNT # | LINE ITEM ACCOUNT NAME / EXPLANATION | DEBIT | | CREDIT |
| 44-17 | Home Health | 50-5800.4515 | OffSite Storage | \$ 750.00 | | |
| | | 50-5800.9800 | Training | | \$ | 750.00 |
| | | | | \$ 750.00 | \$ | 750.00 |
| | *************************************** | | | | | |
| | | | Transferring funding from Training line to cover Offsite Storated through the end of the fiscal year. Storage is for records older than 2 years. <i>Budget is NOT increased.</i> | | | |

REQUESTED Suara (4:6/15 DATE 3-6-17



| APPROVED CO MANAGER | CO COMMISSIONER-CHAIR | CLERK TO THE BOARD |
|---------------------|-----------------------|--------------------|
| ENTERED LEDGER/DATE | | |

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|-----------------------------|--------------------------|--------------|---|----------------|----------------|
| | | | | "+" EXP BUDGET | "-" EXP BUDGET |
| l . | | | | "-" REV BUDGET | "+" REV BUDGET |
| (FO USE) BR # OR IDT# | DEPARTMENT | ACCOUNT# | LINE ITEM ACCOUNT NAME / EXPLANATION | DEBIT | CREDIT |
| 45-17 | Health - Child Health | 10-5960.1400 | Travel | \$ 75.00 | |
| | | 10-5960.3200 | Department Supplies | | \$ 50.00 |
| | | 10-5960.4502 | Contract Interpreter | | \$ 25.00 |
| | | | | \$ 75.00 | \$ 25.00 |
| | | | Transferring funds from Department Supplies and Contract Interpreter to cover the cost of 2 nurses traveling for mandatory training on child health updates. Budget is NOT increased. | | |

REQUESTED Suare (46hs DATE 3-617



| APPROVED | CO MANAGER | CO COMMISSIONER-CHAIR | CLERK TO THE BOARD |
|----------|------------|-----------------------|--------------------|
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ENTERED LEDGER/DATE___

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| | | | | "+" EXP BUDGET | "-" EXP BUDGET |
| | | | | "-" REV BUDGET | "+" REV BUDGET |
| (FO USE) BR # OR IDT# | DEPARTMENT | ACCOUNT# | LINE ITEM ACCOUNT NAME / EXPLANATION | DEBIT | CREDIT |
| 47.47 | | | | | 3 |
| 47-17 | Health - WIC | 10-5970.1200 | Postage | \$ 100.00 | |
| | | 10-5970.1400 | Travel | | \$ 100.00 |
| | | | | \$ 100.00 | \$ 100.00 |
| | | | | | |
| | | | Transferring funds from Travel to Postage to cover the costs of notifying clients of appointments and WIC clinic. Budget is NOT increased. | | |

REQUESTED Guaral Gibbs DATE 3-6-17



| APPROVED CO MANAGER | CO COMMISSIONER-CHAIR | CLERK TO THE BOARD |
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| ENTERED LEDGER/DATE | 0 | |

Hyde County Board of Commissioners AGENDA ITEM SUMMARY SHEET

| Meeting Date: Presenter: Attachment: | March 6, 2017 Chairman, Vice-Chair, Commissioners and Manager No |
|--|--|
| ITEM TITLE: | MANAGEMENT REPORTS |
| SUMMARY: | This is a time for each Commissioner to give reports on their work representing the County. |
| | Additionally, Commissioners may wish to bring up issues they wish to have followed up by the Board or by the County Manager. |
| | The County Manager and Assistant County Manager will give an oral update on various projects and other administrative matters. |
| | |
| RECOMMEND: | Receive reports. Discussion and possible action as necessary. |
| | |
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| | |
| Barry Dick | rugh, Jr. Motion Seconded By: Earl Pugh, Jr. Vote: Earl Pugh, Jr. Swindell Barry Swindell Barry Swindell Funnell Dick Tunnell Dick Tunnell immons Ben Simmons Ben Simmons Pahl Tom Pahl Tom Pahl |

Manager's Calendar (February 2017)

| w | | 9:30 am-James Blount; 10am-Ken Lang; 12:30pm-Earl Pugh; 3pm-Fred Holscher |
|-----|----|--|
| | 1 | & Kris |
| тн | 2 | 9am-Hyde Away Shores & Currituck Township tour; 1pm-Ferry to Ocracoke |
| F | 3 | 9am-Passenger Ferry Conference Call; 10 am-talk to Ocracoke School third |
| | | grade class; 1pm-Passenger Ferry Conference Call |
| S | 4 | 11 am-Bob Chestnutt and Tom Pahl - tran discussion |
| S | 5 | |
| M | 6 | 7 am-Ferry to SQ; 11am-Dr. Appt; 1pm-BCCC 50th anniversary; 6pm-Commissioners meeting |
| Т | | 10 am-conference call -passenger ferries; 11 am-2pm-Met with Kris & Corrinne |
| | 7 | to review occupancy tax and sales tax for meeting |
| W | 8 | Medical Leave-surgery |
| тн | 9 | 10am-Conference call with Vann Rogerson, Bob Peele & Kris; 11am-Met with Tony Carawan, Debbie, Daniel, Corrinne to discuss West Qtr. Loan request; 1pm-Ferry to Ocracoke; 4:45pm-met with Claire, Will Tom, Beverly & Kris to work on presentation to OTB; 7pm-Occupancy Tax Board meeting |
| F | 10 | Ocracoke office |
| S | 11 | Worked on passenger ferry project |
| S | 12 | 1 pm - Met with Tom Pahl to discuss passenger ferry project |
| M | 13 | 1pm-Ferry Meeting |
| | 14 | 9:30am-Ferry to SQ; 12:30 pm-Hugh Watson; 1pm-Katherine Kozak & Daniel; 2 |
| Т | | pm-Luana and Corrinne |
| W | 15 | NCDMF meeting in Wilmington |
| TH | 16 | NCDMF meeting in Wilmington |
| F | 17 | NCDMF meeting in Wilmington/Travel to Raleigh |
| S | 18 | |
| S | 19 | |
| M | 20 | Vacation |
| T | 21 | Vacation |
| W | 22 | Vacation |
| TH | 23 | Vacation |
| F | 24 | Vacation |
| S | 25 | |
| S | 26 | |
| n.a | 27 | 9:30 am-Debbie Cahoon; 10am-Rodney Chappell, Daniel & Clint; 11:30-Carol |
| M | | Evans; 12-12:30-Kris; 12:30-Dr. Appt. |
| | | 9:45 am-Dr. Appt.; 12:00pm - 1pm-Fred Holscher; 5:30 pm-Ocracoke Variance |
| Т | 28 | 19:45 ani-bi. Appt., 12:00piii - 1piii-i led Hoischer, 3:30 piii-ociacoke variance |

Hyde County Board of Commissioners AGENDA ITEM SUMMARY SHEET

Meeting Date:

March 6, 2017

Presenter:

Citizens

Attachment:

No

ITEM TITLE:

PUBLIC COMMENTS

SUMMARY:

The public is invited to use this time to make comments to the County

Commissioners on items discussed during this meeting and/or matters not

discussed earlier in the meeting.

RECOMMEND:

Receive comments.

Hyde County Board of Commissioners AGENDA ITEM SUMMARY SHEET

Meeting Date:

Presenter:

March 6, 2017

Board of Commissioners

| ITEM TITLE: | | CLOSED SESSION | | | |
|------------------|--|--|--|--|--|
| SUMMARY: | | The County Manager may request entering Closed Session in accordance with NCGS143A-318.11 (a) | | | |
| 1) | To prevent to | To prevent the disclosure of information that is privileged or confidential pursuant to the law. | | | |
| 2) | To prevent the premature disclosure of an honorary award. | | | | |
| 3) | To consult with an attorney employed or retained by the public body in order to preserve the attorney-client privilege. | | | | |
| 4) | To discuss matters relating to the location or expansion of industries or other businesses. | | | | |
| 5) | To establish or instruct the public body's staff or agent in negotiating the price or terms of a contract for the acquisition of real property by purchase; or compensation and terms of an employment contract. | | | | |
| 6) | To consider the qualifications, competence, performance, character, fitness, conditions of appointment, or conditions of initial employment of an individual public officer or employee or prospective public officer or employee. | | | | |
| 7) | To plan, conduct, or hear reports concerning investigations of alleged criminal misconduct. | | | | |
| 8) | To formulate plans by a local board of education relating to emergency response to incidents of school violence. | | | | |
| 9) | To discuss and take action regarding plans to protect public safety. | | | | |
| REC | RECOMMEND: Enter into Closed Session if required. | | | | |
| | Motion Made By:Earl Pugh, Jr. | | | | |
| Motion (Exit) | Dick Ben | Pugh, Jr. Motion Seconded By: Earl Pugh, Jr. Vote: Earl Pugh, Jr. y Swindell | | | |